

DEC 08 2005

PTO/SB/21 (08/03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/758,238
		Filing Date	18 January 2004
		First Named Inventor	Andre VEINOTTE
		Art Unit	2855
		Examiner Name	McCall, E.
Total Number of Pages in This Submission	21	Attorney Docket No.	061481-5124

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 (CFR) 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s), please identify below:
Remarks:		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	Scott J. Anchell, Reg. No. 35,035, HELLER EHRMAN, LLP
Signature	<i>Scott J. Anchell</i>
Date	8 December 2005

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Scott J. Anchell		
Signature	<i>Scott J. Anchell</i>	Date	8 December 2005

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COMBINED FEE TRANSMITTAL for FY 2005					<i>Complete if Known</i>				
<i>Effective 12/08/2004. Patent fees are subject to annual revision.</i>					Application Number: 10/758,238				
PTO/SB/17 (12-04) (Revised) (For payment of 37 CFR 1.17 fees including (f), (g), (h), & (i))					Filing Date: 16 January 2004				
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					First Named Inventor: Andre VBINOTTE				
TOTAL AMOUNT OF PAYMENT (\$) 450.00					Examiner Name: McCall, E.				
					Art Unit: 2855				
					Attorney Docket No. 051481-5124				

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account					4. PETITION FEES UNDER 37 CFR 1.17 (f) Fee Code: 1462 Fee \$ 400 For petitions filed under: § 1.53(e); § 1.57(a); § 1.182; § 1.183; § 1.378(e); § 1.741(b)				
Deposit Account Number: 08-1641					5. PETITION FEES UNDER 37 CFR 1.17 (g) Fee Code: 1463 Fee \$ 200 For petitions filed under: § 1.12; § 1.14; § 1.47; § 1.59; § 1.103(a); § 1.136(b); § 1.295; § 1.296; § 1.377; § 1.550(c); § 1.956; § 5.12; § 5.15; § 5.25				
Deposit Account Name: Heller Ehrman White & McAuliffe LLP					6. PETITION FEES UNDER 37 CFR 1.17 (h) Fee Code: 1464 Fee \$ 130 For petitions filed under: § 1.19(g); § 1.84; § 1.91; § 1.102(d); § 1.138(e); § 1.313; § 1.314				
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments and charge any deficiencies <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the deposit account					7. PROCESSING FEES UNDER 37 CFR 1.17 (i) Fee Code: 1808 (1803 for § 1.221) Fee \$ 130 For petitions filed under: § 1.28(e)(3); § 1.41; § 1.48; § 1.52(d); § 1.53(b)(3); § 1.55; § 1.99(e); § 1.103(b); § 1.103(c); § 1.103(d); § 1.217; § 1.221; § 1.291(e)(5); § 1.497(d); § 3.81				

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Entity Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
SUBTOTAL (1)					\$ 0.00		
2. EXTRA CLAIM FEES							
Entity Fee (\$)	Small Entity Fee (\$)	Fee Description					
50	25	Each claim in excess of 20 or, for Reissues, each claim in excess of 20 and more than in the original patent					
200	100	Each independent claim in excess of 3 or, for Reissues, each independent claim more than in the original patent					
360	180	Multiple dependent claim, if not already paid					
		Extra Claims		Fee from above		Fees Paid	
Total Claims	36	-36** =	0	x	50.00	=	0.00
Independent Claims	2	-3** =	0	x	200.00	=	0.00
**or number previously paid, if greater; For Reissues see below							
Multiple Dependent						= 0.00	
SUBTOTAL (2)					\$ 0.00		
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof (round up to the a whole number). See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a)							
Total Sheets	-100 =	Extra Sheets	/50 =	Number of each additional 50	Fee (\$)	Small Entity Fee (\$)	
					x 250	OR	x 125
SUBTOTAL (3)					\$ 0.00		

SUBMITTED BY					<i>Complete (if applicable)</i>						
Name (Print/Type)		Scott J. Anchell		Registration No. (Attorney/Agent)		35,035		Telephone		202-912-2000	
Signature				Date		8 December 2005		Customer No.		26633	

SUBTOTAL (4+5+6+7+8)		\$450.00
* Reduced by Basic Filing Fee Paid		